

DISABILITY CATEGORY: Specific Learning Disability

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SECTION 1: INTRODUCTION

This technical assistance document was written to provide parents, teachers, special education personnel, administrators, and other professionals with information on the identification, verification, and determination of eligibility for special education services for children with specific learning disabilities.

This category of children has been defined by both federal and state regulations. A three-part eligibility requirement for a child to be verified as a child with a specific learning disability is as follows:

- Meet verification guidelines (92 NAC 51.006);
- Documentation of adverse effect on educational performance;
- Determination that there is a need for special education.

Since 1975, when the first federal special education law (P.L. 94-142) was authorized by Congress and the Nebraska Rule 51 was written and approved, children with specific learning disabilities in Nebraska have been verified by using a "Severe Discrepancy" between intellectual ability (IQ) and achievement. In recent years the validity and reliability of this process have been questioned at the federal, state, and local educational levels.

When the federal law was reauthorized in 2004 (IDEA 2004) the developers allowed states more flexibility in the verification of children with specific learning disabilities. The following language, which provides states

with three different options in the verification of specific learning disabilities, is included in IDEA 2004:

Additional Procedures for Evaluating Children with Specific Learning Disabilities: Sec. 300.307 Specific learning disabilities.

(a) General. A State must adopt, consistent with Sec. 300.309, criteria for determining whether a child has a specific learning disability as defined in Sec. 300.8. In addition, the criteria adopted by the State—

- (1) Must not require the use of a **severe discrepancy** between intellectual ability and achievement for determining whether a child has a specific learning disability as defined in Sec. 300.8(c) (10);*
- (2) Must permit the use of a process based on the child's **response to scientific, research-based intervention** (provided the school district has submitted their RtI Implementation Plan to NDE, see p. 8). Section 300.304; and*
- (3) May permit the use of **other alternative research-based procedures** for determining whether a child has a specific learning disability as defined in Sec. 300.8 (c)(10).*

(b) Consistency with State criteria. A public agency must use the State criteria adopted pursuant to paragraph (a) of this section in determining whether a child has a specific learning disability.

(1221e-3; 1401(30); 1414(b) (6))

In determining whether the child has a specific learning disability, Nebraska Department of Education, Special Education Office, has determined that school districts in the state of Nebraska should adopt, as a part of the full comprehensive evaluation, one of the following verification processes:

1. Districts that have submitted to NDE an RtI Implementation Plan that includes all eight essential elements (see p. 8) may use this process to determine if the child responds to scientific, research-based intervention. Although use of data from the RtI process takes the place of the severe discrepancy model, it is

only a part of the full comprehensive evaluation as described in this section.

2. Districts that have not submitted to NDE an RtI Implementation Plan must use an evaluation process that demonstrates a severe discrepancy between intellectual ability and achievement (see p 11) as part of the full comprehensive evaluation.

SECTION 2: STATE DEFINITION

- **Specific Learning Disability** – To qualify for special education services in the category of specific learning disability the child must have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The category includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

The category does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; of mental handicaps; of behavioral disorders; or of environmental, cultural, or economic disadvantage.

SECTION 3: MULTIDISCIPLINARY EVALUATION TEAM (MDT) COMPOSITION

The Multidisciplinary Team (MDT) should include at least:

- The child's parents;
- For a school age child, the child's regular teacher(s) or a regular classroom teacher qualified to teach a child of that age;
- For a child below age 5, a teacher qualified to teach a child below age 5;

- Special educator with knowledge in the area of specific learning disabilities;
- A school district administrator or a designated representative.
- At least one person qualified to conduct individual diagnostic examinations of children in their specific area of training, i.e., speech language pathologist, or remedial teacher; and
- *A school psychologist or licensed psychologist (recommended)*

SECTION 4: VERIFICATION GUIDELINES

The MDT may determine that a child has a specific learning disability if:

- (1) The child does not achieve adequately for the child's age or to meet State-approved grade-level standards in one or more of the following areas, when provided with learning experiences and instruction appropriate for the child's age or State-approved grade-level standards:
 - (i) Oral expression.
 - (ii) Listening comprehension.
 - (iii) Written expression.
 - (iv) Basic reading skill.
 - (v) Reading fluency skills.
 - (vi) Reading comprehension.
 - (vii) Mathematics calculation.
 - (viii) Mathematics problem solving.
- (2) (i) The child does not make sufficient progress to meet State-approved grade level standards in one or more of the areas identified in paragraph (a)(1) of this section when using a process based on the child's response to scientific, research-based intervention; or
 - (ii) The child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, State approved grade-level standards, or intellectual development, that is determined by the group to be relevant to the identification of a specific learning disability, using appropriate assessments consistent with 92 NAC 51-006.02; and

- (3) The MDT determines that its findings under paragraph (a) (1) and (2) of this section are not primarily the result of—
 - (i) A visual, hearing, or motor disability;
 - (ii) Mental handicap;
 - (iii) Behavior disorder;
 - (iv) Cultural factors;
 - (v) Environmental or economic disadvantage;
 - (vi) Limited English Proficiency.
- (b) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the MDT must consider, as part of the evaluation:
 - (1) Data that demonstrates that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and
 - (2) Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of the child's progress during instruction, which was provided to the child's parents.
- (c) The school district or approved cooperative must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the timeframes described in 51-009.04A1, unless extended by mutual written agreement of the child's parents and a team of qualified professionals, as described in 006.04K2:
 - (1) If, prior to a referral, a child has not made adequate progress after an appropriate period of time when provided instruction, as described in paragraphs (b)(1) and (b)(2) of this section; and
 - (2) Whenever a child is referred for an evaluation. (1221e-3; 1401(30); 1414(b))

Observation

- (a) The school district or approved cooperative must ensure that the child is observed in the child's learning environment (including the regular classroom setting) to document the child's academic performance and behavior in the areas of difficulty.

- (b) The MDT, in determining whether a child has a specific learning disability, must decide to:
 - (1) Use information from an observation in routine classroom instruction and monitoring of the child's performance that was done before the child was referred for an evaluation; or
 - (2) Have at least one member of the MDT conduct an observation of the child's academic performance in the regular classroom after the child has been referred for an evaluation and parental consent, consistent with NAC 51-009.08, is obtained.
 - (3) In the case of a child of less than school age or out of school, an MDT member must observe the child in an environment appropriate for a child of that age.

Specific documentation for the eligibility determination

- (a) For a child suspected of having a specific learning disability, the documentation of the determination of eligibility must contain a statement of:
 - (1) Whether the child has a specific learning disability;
 - (2) The basis for making the determination, including an assurance that the determination has been made in accordance with 51-006.04K;
 - (3) The relevant behavior, if any, noted during the observation of the child and the relationship of that behavior to the child's academic functioning;
 - (4) The educationally relevant medical findings, if any;
 - (5) Whether-
 - (i) The child does not achieve progress commensurate with the child's age;
 - (ii)(A) The child does not make sufficient progress to meet age or State-approved grade-level standards consistent with 300.309(a) (2) (i) or
 - (B) The child exhibits a pattern of strengths and weaknesses in performance, or achievement, or both, relative to age, State-approved grade-level standards or intellectual development consistent with 006.04K3b(i);
 - (6) The determination of the MDT concerning the effects of visual, hearing, or motor disability; mental handicap; behavior

- disorder; cultural factors; environmental or economic disadvantage; or limited English proficiency on the child's achievement level; and
- (7) If the child has participated in a process that assesses the child's response to scientific, research-based intervention:
 - (i) the instructional strategies used and the child-centered data collected; and
 - (ii) the documentation that the child's parents were notified about:
 - (A) The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided;
 - (B) Strategies for increasing the child's rate of learning; and
 - (C) The parent's right to request an evaluation.
- (b) Each MDT member must certify in writing whether the report reflects the member's conclusion. If it does not reflect the member's conclusion, the team member must submit a separate statement presenting his/her conclusions.

The evaluation of a child suspected of having a SLD must include a variety of evaluation and assessment tools to gather relevant functional developmental and academic information about the child, including information provided by the parent that may assist in determining eligibility. No single measurement or assessment may be used as the sole criterion for determining whether the child has a disability and for determining an appropriate educational program for the child.

Response to Intervention (RtI) Process

The legal basis for Response to Intervention (RtI) is found in the 2004 reauthorization of the Individuals with Disabilities Education Act which allows schools to "use a process which determines if a child responds to a scientific, research-based intervention" as part of a comprehensive evaluation to determine eligibility for a specific learning disability.

RtI, as defined by the National Association of State Directors of Special Education (NASDSE), is "The practice of providing high-quality instruction

and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions” (Batsche, G., Elliott, J., Graden, J.L., Grimes, J., Kovalski, J.F., Prasse, D., Reschly, D. J., Schrag, J., & Tilly, W. D., III. (2005). *Response to Intervention Policy Considerations and Implementation*. Alexandria, VA: National Association of State Directors of Special Education, Inc. 2005

To implement RtI effectively, schools must first have the organizational capacity to guarantee the process can be followed. The Essential Elements of RtI are based on principles identified in research for an effective RtI system and provide the overarching framework to guide the implementation of RtI.

➤ The Essential Elements of a quality RtI process include:

- ❖ Team Leadership
- ❖ Parent Engagement
- ❖ Universal Screening Assessments
- ❖ Scientific or Research-Based Instruction and Interventions
- ❖ Individual Progress Monitoring
- ❖ Planned Service Delivery Decision Rules
- ❖ Intervention Delivery
- ❖ Fidelity of Instruction

For more detailed information about the eight Essential Elements, refer to RtI Framework in Nebraska: www.education.ne.gov/rti.

When a school district elects to utilize data from an RtI system for the verification of students for special education services in the area of specific learning disability, an RtI Implementation Self Assessment Plan must be submitted to the Nebraska Department of Education. To access the information about submitting the Plan, go to RtI Implementation Plan: www.education.ne.gov/rti. The school district will also indicate in the Statement of Assurance that this process is being followed.

Drawing data from the RtI process is one component of the information reviewed as a part of the comprehensive evaluation for verification of Specific Learning Disability. Conclusions regarding special education eligibility are drawn from multiple sources, including the student’s response

to instruction/intervention. In using data from the RtI system as a part of the comprehensive evaluation (as described in Sections 4 and 5) to verify students for special education services in the category of Specific Learning Disability, the eight Essential Elements of RtI must be delivered with fidelity, including the following:

Guidelines for examining level and rate of student progress

Implementation of RTI requires using high quality, technically adequate data to inform instructional decision-making. Throughout the RTI process data are used to make a variety of decisions about instruction for all students, small groups of students, and individual students. Core RTI beliefs related to instruction include:

- The core curriculum is implemented using high quality scientific, research-based instruction. Supplemental interventions that are provided in addition to the provision of core curriculum should also be scientific, research based.
 - ❖ Interventions and the level of intensity are based on the student's needs.
 - ❖ Trained practitioners deliver interventions with fidelity.
 - ❖ Fidelity checks are in place to ensure integrity; instruction and interventions are implemented as planned/ intended.
- A universal screener is utilized to determine which students may need interventions or additional supports. The universal screener is valid and reliable for the purpose of screening and given at regular intervals. Districts determine a student's risk status based on nationally-determined benchmarks.
- Individual Progress Monitoring -Documentation of repeated assessments of achievement occurs at reasonable intervals at each tier/level, and examines student performance/progress for decision making purposes.
- Student's actual progress (rate of skill acquisition and/or slope of improvement) and level of performance both before and after

intervention delivery is compared to the expected rate of progress for the student's age and grade level standards (e.g., in reading, number of correct words read per minute). Student rate of progress determines movement within tiers/levels.

- Evidence of progress monitoring displayed on graphs indicating the student's response to instruction/interventions.

District decision rules for defining clear adequate progress

District decision rules link assessments and progress monitoring data to instructional decision making. Decision rules are intended to increase the objectivity and consistency in determining adequate student progress. The following processes need to be considered in making decision rules:

- Establish clear decision rules to determine which students receive interventions
- Determine time frame for carrying out interventions. Interventions are implemented with fidelity for a sufficient period of time to allow for performance improvement and closing of the achievement gap.
- Determine number of progress monitoring data points required before an intervention is reviewed, adjusted or changed. Typically a minimum of 8-9 data points are needed to determine a trend in data.

Parent Request for Initial Evaluation – Student Participating in the RtI Process

When the parent of a student who is participating in the RtI process requests an initial evaluation, the evaluation must be conducted according to the following regulation: Rule 51 006.04K6b: ***Whenever a child is referred for an evaluation, 006.04K6: The school district or approved cooperative must promptly request parental consent to evaluate the child to determine if the child needs special education and related services and must adhere to the timeframes described in 92 NAC 51-009.04A1, unless extended by mutual***

written agreement of the child's parents and a team of qualified professionals, as described in 92 NAC 51-006.04K2.

For additional information regarding Response to Intervention, please refer to the RtI website at www.education.ne.gov/rti

Severe Discrepancy Model

As a part of the comprehensive eligibility evaluation the Multidisciplinary Evaluation Team (MDT) may employ the severe discrepancy model. The severe discrepancy must be used until such time that the school district has made the transition to full implementation of the Response to Intervention (RtI) process as part of the comprehensive evaluation required by IDEA for verification of a child with a disability.

- All test scores used in verifying a child with suspected specific learning disabilities shall assume a mean of 100 and a standard deviation of 15 points.
- ❖ In order for a child to be verified as a child with specific learning disabilities under the Severe Discrepancy Process the child must demonstrate a severe discrepancy between achievement and intellectual ability in one or more of the major areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation and mathematics reasoning, if provided with learning experiences appropriate for the child's age and ability levels. When the team uses a Severe Discrepancy Process, the evaluation shall include the analysis and documentation of:
 - ◆ Observations conducted by at least one team member other than the child's classroom teacher of the child's academic functioning, educational environment, and the child's interaction with that environment (basic psychological educational processes) in the regular classroom.
 - In the case of a child of less than school age or out of school, a team member shall observe the child in an environment appropriate for a child of that age.

- ◆ Individual test of intelligence.
 - The test must have adequate reliability for the total test score (i.e., reliability at or above .90) (Salvia & Ysseldyke, 2007)
 - If composite scores are used, they must also have adequate reliability (i.e., reliability at or above .90) and be valid for the decision being made. If there is a discrepancy of more than one (1.0) standard deviation (16 points or more) between major composite scores, then the higher score may be used as the indicator of the child's intellectual ability.
- ◆ Assessed achievement level that results in a standard score in one or more major academic area(s) that is at least 1.3 standard deviations (20 standard score points) below the child's assessed intellectual level. In addition, the standard score in the major academic area which is used to establish the qualifying discrepancy shall fall at or below a standard score of 84, regardless of the discrepancy between assessed ability level, and the major academic area.
 - The test must have adequate reliability for the total test score (i.e., reliability at or above .90) (Salvia & Ysseldyke, 2007)
- ◆ If composite scores are used, they must also have adequate reliability (i.e., reliability at or above .90) and be valid for the decision being made.
- ◆ Discrepancies shall be verified in terms of age-based standard score rather than age or grade equivalents.

SECTION 5: PROCEDURES TO DETERMINE ADVERSE EFFECT ON DEVELOPMENT/EDUCATIONAL PERFORMANCE

FACTORS TO CONSIDER

Many factors should be considered in determining if a specific learning disability is causing, or can be expected to produce, significant delays in the child's development or educational performance. The factors include, but are not limited to:

- Child Characteristics
 - ❖ Medical history, current health status, medications

- ❖ Social skills and behavior
 - ❖ Communication skills
 - ❖ Physical health
 - ❖ Motor skills
 - ❖ Mental health
 - ❖ Cognitive skills
 - ❖ Motivation
 - ❖ Current age
 - ❖ History of developmental milestones
- Educational Variables
 - ❖ Current educational placement
 - ❖ Classroom environment
 - ❖ Instruction
 - ❖ Curriculum
 - ❖ History of modifications and/or accommodations used
 - ❖ Intervention and response
 - ❖ Results of previous assessments/evaluations
 - Relevant family history
 - ❖ Culture
 - ❖ Language

Examination of each of these factors may lead to additional factors to consider. Psychologists, teachers of children with learning difficulties, and speech language pathologists are the primary professionals who can determine how these learning difficulties may impact the child. Parents, medical professionals, teachers, and the child him/herself can also provide information important in determining the impact of the learning difficulties.

The team needs to consider data that are accurate, consistent, comprehensive, and objective. Possible assessment approaches for obtaining information about the child are:

- Review of existing records and work samples
 - ❖ Teacher-anecdotal notes
 - ❖ Grades
 - ❖ Cumulative file review
 - ❖ Class assignments and homework

- Interviews
 - ❖ Parent interviews/rating scales
 - ❖ Teacher interviews/rating scales
 - ❖ Child interviews/rating scales
- Observations (in setting(s) where concern is occurring)
- Tests
 - ❖ Criterion-referenced tests
 - ❖ Norm-referenced tests
 - ❖ District-wide assessments
 - ❖ Curriculum-based assessments
 - ❖ State and District-wide Assessment

Professional judgment must be used by the team as they analyze the data to determine if the child meets the verification guidelines for a child with a specific learning disability.

The team must review the following areas to rule out those circumstances other than a specific learning disability that may be the primary contributor to the child's low achievement.

The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child's developmental/educational performance:

- Behavior disorder
 - ❖ Are there particular behaviors that are interfering with the child completing assignments, tasks?
 - ◆ Has a functional behavioral assessment been completed for the child's behaviors?
 - ◆ Does the child have a behavior intervention plan? What is the plan? How is the child responding to this plan?
 - ❖ Does the child exhibit a lack of particular social skills that affect his/her interpersonal relationships?
 - ❖ In what types of social skills instruction has the child participated?

- Mental handicap
 - ❖ Has the child been verified with a mental handicap?
 - ❖ Is the child receiving special education services as a child with a mental handicap?
- Speech/language impairment
 - ❖ Is the child verified as having speech/language impairment?
 - ❖ What is the speech/language impairment?
 - ❖ What type of intervention is the child receiving?
- Vision/Hearing/Orthopedic Impairment
 - ❖ Has the child been diagnosed with a medical/health condition? If so, what is the medical/health condition?
 - ❖ What types of interventions/treatments is the child receiving?
- Lack of previous opportunities to learn
 - ❖ Have the child's previous opportunities to learn been limited?
 - ❖ What are the causes of the lack of opportunities (extended illness, frequent transfers between schools, etc.)?
- English Language Learners (ELL)
 - ❖ What is the child's level of language in his/her native language?
 - ❖ Is the child enrolled in English Language Learner (ELL) classes/Limited English Proficiency (LEP)?
 - ❖ What is the child's mastered ELL level?
- Environmental, cultural, and economic factors
 - ❖ Has a determination been made that the child's environmental, cultural, and/or economic factors contributed to the child's low achievement?
- Other Factors
 - ❖ Is performance inconsistent across academic, social, and behavioral areas?
 - ❖ Did the child make progress when provided scientific, research-based instructional practices and interventions?
 - ❖ Are the interventions needed for progress so intense that they can not be sustained in a general education setting

SECTION 6: DEFINITION OF TERMS

Academic Achievement – A child's level of performance in basic school subjects, measured either formally or informally. (Norlin, 2003, p. 1)

Achievement Test – Test that measures what students have been taught and learned. (Salvia & Ysseldyke, 1998, p.682)

Accommodation – Accommodations are practices and procedures in the areas of presentation, response, setting, and timing/scheduling that provide equitable access during instruction and assessments for children with disabilities. Accommodations are intended to reduce or even eliminate the effects of a child's disability; they do not reduce learning expectations. (Nebraska Department of Education Accommodations Guidelines, 2006, p.4)

Acquired Apraxia – As in Developmental Apraxia, there are problems in motor planning such that the child has difficulty in producing speech sounds and organization words and word sounds for effective communication. However, the problem is known to be caused by neurological damage. (Hallahan and Kauffman, 2006, p. 530)

Achievement Test – A test that objectively measures educationally relevant skills or knowledge; a test that measures mastery of content in a subject matter area, as opposed to an intelligence test. (Norlin, 2003, p. 3)

Age Appropriate – In connection with special education, achievement consistent with a disabled child's developmental level and chronological age. (Norlin, 2003, p. 6)

Age-Equivalent Score – "A derived score that expresses a person's performance as the average (the median or mean) performance for that age group; age equivalents are expressed in years and months." (Salvia & Ysseldyke, 2007, p. 682)

Aphasia – A receptive language disorder, more commonly expressive language disorder, in children with normal intelligence and adequate sensory and motor skills; two basic types relate the onset to acquisition of language: acquired aphasia and developmental aphasia. (Norlin, 2003, p. 10)

At Risk – Generally, a child or youth about whom one has a higher than usual expectation of future difficulties as a result of circumstances relating to his or her health status, disability, or family or community situation; typical characteristics of a student who is at risk for reasons other than disability may include being one or more grade levels behind in reading or mathematics achievement, chronic truancy, personal or familial drug or alcohol abuse, or low self-esteem. (Norlin, 2003, p. 14)

Brain Injury – “Insult to the brain” resulting in impairment of brain function; categorized types, depending on cause and extent of injury as acquired, closed, and mild. (Norlin, 2003, p. 29)

Criterion Referenced Test (CRT) – Test that measures a person's skills in terms of absolute levels of mastery. (Salvia & Ysseldyke, 2007, p. 683)

Curriculum-Based Measurement (CBM) – Series of incremental assessments of what a student has learned. (Norlin, 2003, p. 50)

Developmental Aphasia – (1) A congenital receptive language disorder or, more commonly, expressive language disorder in children with normal intelligence and adequate sensory and motor skills that prevents acquisition of language. (2) Identified in IDEA regulations...as a “specific learning disability.” (Norlin, 2003, p. 57)

Developmental Apraxia – A disorder of speech or language involving problems in motor planning such that the child has difficulty in producing speech sounds and organizing words and word sounds for effective communication. The cause may be unknown. (Hallahan and Kauffman, 2006, p. 533)

Dyslexia – (1) Receptive disorder in written language typically resulting in reading disabilities experienced by children of otherwise normal intellectual

capacity who have received adequate instruction. (2) Identified in IDEA regulations...as a "specific learning disability." (Norlin, 2003, p. 67)

ELL – English Language Learner; English is the child's second language.

Evidence-Based Practice – An educational intervention that is backed by rigorous evidence of effectiveness. U.S. Department of Education.
Retrieved September 20, 2006
www.ed.gov/rschstat/research/pubs/rigoroussevid/index.html

Functional Behavior Assessment (FBA) – Evaluation that consists of finding out the consequences, what purpose the behavior serves, antecedents (what triggers the behavior), and setting events (contextual factors) that maintain inappropriate behaviors; this information can help teachers plan educationally for students. (Hallahan and Kauffman, 2006, p. 534)

Grade Equivalent Score – "A derived score that expresses a student's performance as the average (the median or mean) performance for a particular grade; grade equivalents are expressed in grades and tenths of grades ...". (Salvia & Ysseldyke, 2007, p. 684)

Intelligence Quotient (I.Q.) – Norm-reference test designed to measure learning ability or intellectual capacity by measuring cognitive behaviors associated with mental ability, such as discrimination, generalization, vocabulary, comprehension, abstract thinking or reasoning, memory and sequencing. (Norlin, 2003, p. 116)

Limited English Proficient – Children from language backgrounds other than English who need language assistance services in their own language or in English in the schools. (Norlin, 2003, p. 132)

Minimal Brain Dysfunction – (1) Generally, a once common term in medical or scientific literature describing an occurrence of impaired attention and memory and resulting learning problems without a known insult to the brain. (2) Identified in IDEA regulations...as a "specific learning disability," but not further defined. (Norlin, 2003, p. 144)

Norm-Referenced Test (NRT) – Comparison of one student's performance, as measured by the test score, with the performance of the norm allowing fine distinctions among students and identification of where a student stands in relation to that group; typically developed by commercial test companies. (Norlin, 2003, p. 157)

Phoneme – The smallest unit of an individual's speech that distinguishes one utterance from another like a syllable; the English language has 24 consonant and 12 vowel phonemes. (Norlin, 2003, p. 174)

Phonemic Awareness – Ability to recognize phonemes and put their sounds together to form words and phrases quickly, accurately, and automatically; essential for decoding. (Norlin, 2003, p. 174)

Phonics – The relationship of speech sounds to their written symbols; an instructional method for teaching reading by helping students recognize words by sounding them out; as opposed to the whole language method of reading instruction. (Norlin, 2003, p. 174)

Phonological Awareness – Awareness of how words sound and how they are represented in written language or print; ability to identify and manipulate the sounds of language. Many children with learning disabilities cannot readily learn how to relate letters of the alphabet to the sounds of language. These students must be explicitly taught the process of phonological awareness. (Norlin, 2003, p. 174)

Reading Comprehension – The ability to understand what one has read. (Hallahan and Kauffman, 2006, p. 539)

Reading Fluency – The ability to read effortlessly and smoothly, consists of the ability to read at a normal rate and with appropriate expression, influences one's reading comprehension. (Hallahan and Kauffman, 2006, p. 539)

Receptive Language – Understanding communication from others, as distinguished from expressive language. (Norlin, 2003, p. 196)

Receptive Language Disorder – Presents as an inability to understand spoken or written language that may affect reading, writing, and problem-solving in arithmetic. (Norlin, 2003, p. 196)

Response to Intervention (RtI) – “the practice of providing high-quality instruction and interventions matched to student need, monitoring progress frequently to make decisions about changes in instruction or goals and applying child response data to important educational decisions.” (Batsche et. al., Response to Intervention Policy Considerations and Implementation, 2006, p. 5)

Scientific, Research-Based Intervention – Scientifically based research is defined in the No Child Left Behind Act (NCLB) as research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs. U.S. Department of Education. September 20, 2006
www.ed.gov/nclb/overview/intro/edpicks.jhtml?src=ov

Semantics – The study of meanings attached to words and sentences. (Hallahan and Kauffman, 2006, p. 540)

Standard Score – “The general name for a derived score that has been transformed to produce a distribution with a predetermined mean and standard deviation.” (Salvia & Ysseldyke, 2007, p. 688)

Standard Deviation – “A measure of the degree of dispersion [or spread] in a distribution of scores; the square root of the variance.” (Salvia & Ysseldyke, 2007, p. 688)

SECTION 7: FREQUENTLY ASKED QUESTIONS

1. Can an eligibility determination of SLD be made using only information that was collected through an RtI process?

*The RtI process includes the need for comprehensive evaluation.
The MDT must use a variety of data gathering tools and strategies*

even if an RtI process is used. The results of an RtI process will be one component of the information reviewed as part of the evaluation procedures required.

2. If a child has learning problems primarily due to the result of a visual impairment, hearing impairment, orthopedic impairment, mental handicap, behavior disorder; or of environmental, cultural, or economic disadvantage, can the child be verified as a child with a specific learning disability?

No. Specific learning disability does not include learning problems that are primarily the result of a visual impairment, hearing impairment, orthopedic impairment, mental handicap, behavior disorder, or of environmental, cultural, or economic disadvantage.

3. At what age should a child be assessed for a specific learning disability?

One of the goals of Response to Intervention (RtI) is to provide intervention for at-risk children at an early age. If with intense intervention, the child does not make appropriate progress in his/her learning, the child may then be evaluated to determine if the child has a specific learning disability.

4. How can progress monitoring data be used in the SLD verification process?

Progress monitoring data are critical for determining whether a child has made sufficient progress in response to a scientific, research-based intervention process; however, they are not the sole basis for identifying a specific learning disability.

5. There are eight achievement areas listed in federal and state laws in which children may verify as having a specific learning disability. Are these the only areas in which the child may verify?

Yes. Both federal and state laws state that the child must meet the verification guidelines for one or more of these eight areas of achievement:

- (i) Oral expression*
- (ii) Listening comprehension*
- (iii) Written expression*
- (iv) Basic reading skill*
- (v) Reading fluency skills*
- (vi) Reading comprehension*
- (vii) Mathematics calculation*
- (viii) Mathematics problem solving*

If the child has other difficulties, the child may be evaluated to determine if he/she may have a different disability.

6. Must a child have average or higher intelligence in order to be verified as a child with a disability in the category of specific learning disability?

No, but if there is reason to suspect that the child may have a mental handicap, then that verification category must be ruled out.

SECTION 8: REFERENCES AND RESOURCES

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